

APPLICATION FOR: _____
Course Title _____ Course Number _____
TRAINING

CALIFORNIA CRIMINALISTICS INSTITUTE



Please type or print in BLOCK LETTERS

1. Name _____ Title/Rank _____
2. SSN _____ Bus. Phone () _____ FAX () _____
3. Agency _____ Unit _____
4. Agency Address _____
5. City _____ State _____ Zip _____
6. Applicant's email Address _____
7. Disabled Serviced Needed _____
8. If applicable, have you met prerequisites for this class? _____
Explain _____
9. Experience in subject area: 0 () <1 yr () 1-2 yr () 2-5 yrs () >5 yrs ()
10. Percent of time in subject area: Presently _____, Previously _____
11. To be completed by laboratory management/unit commander:

I certify that the above information is correct. The applicant will be assigned to work in the course area.

Signature _____ Title/Rank _____ Date _____

Name _____ Phone () _____ FAX () _____

Supervisor's email Address _____

12. Tuition payment method _____

13. Check one: ☐ I am ☐ I am not - a member of the California Association of Criminalists (CAC).

SEND TO:

California Department of Justice
California Criminalistics Institute
4949 Broadway, Room A104
Sacramento, CA 95820

Phone: (916) 227-3575

FAX: (916) 454-5433

CCI USE ONLY

Date Received _____
Enroll _____ Wait List _____
Do not register _____
By _____



REGISTRAR:

Initial _____ Date _____

Class Date _____